

## **Child health and child poverty in New Zealand – a medical student’s experience**

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There are a number of factors affecting child and adolescent health including social, cultural and economic factors. These factors create a variety of barriers and thus affect the access of health care by some individuals. Through a variety of community visits in the Counties Manukau District Health Board area, with community-based health care professionals, these factors and barriers became very evident. The first such factor to take into account is transport, or the lack of, as the case maybe. One family of note had two children, aged 6 years and 2 years, the youngest child has Trisomy 21 (Down’s syndrome) and as such requires many clinic appointments during his first few years for the evaluation and assessment of his condition. However, in order for these to occur the family must first be able to get to the clinic. Whilst this may sound easy and irrelevant to some, it is an issue for this family’s access to health care. The family only have one car and the father’s work is a considerable distance from their home, as such he requires the car each day. This leaves the mother and her 2 year old son at home and although for the majority of the time this is not a problem, because there are shops and a kindergarten within walking distance, on the days that they are required to attend a clinic appointment this becomes a significant challenge. There is a free shuttle available but you must live on the shuttle bus route, which this family does not. Another option would be public transport, however, you must be able to work out which buses to catch, where to get on and at which stops you must transfer, in addition to this it costs. It quickly becomes understandable that for some it can be incredibly difficult to simply organise transport to a clinic appointment and may account for some of the number of missed appointments at the Manukau Superclinic. The inability to attend scheduled clinic appointments, obviously, has the potential to greatly affect the health of such children.

To most the cost of public transport would not be a concern but the economic situations of a number of our families in the community is such that this is a significant problem. For the aforementioned family the mother expressed concerns over the \$20 a week she was required to pay for her 2 year old son to attend the local kindergarten. I was shocked to see how far a family had to stretch their income on a weekly basis. Even as a student, I, like a number of my peers, could easily spend \$20 at dinner in a night without thinking twice. It was evident the importance of social workers in this situation because the mother was unaware of her entitlement to 20 hours free kindergarten care a week. Secondly, this family may not be receiving all of the assistance that they are entitled to from WINZ if they did not ask the right questions. For example, WINZ will only investigate a person’s eligibility for a benefit if they specifically ask for it and unless a person asks for “all” of the benefits that they are entitled to, a WINZ assessor will not suggest any additional benefits.

A second example I saw at Superclinic was a 3 year old girl who arrived late with her mother because 1) they only had one car and her husband had to take time off work to pick up and drop them off and 2) she had a WINZ appointment on the same morning which took priority. The family had to ensure they received their benefit money before they could begin to consider other things such as her daughter’s appointment because whilst a medical appointment could be rescheduled, collecting the money required to put food on the table for the family could not.

This was again emphasized by a 7 year old girl, who was seen at a decile one school in Mangere, with infected eczema and hair lice. When asked whether she had seen the doctor for antibiotics that had been previously suggested, she replied no and when asked if she was regularly shampooing her hair it was discovered that the family could not afford shampoo and was instead using soap. These experiences highlight the level of deprivation that some of our families live in and it is obvious that utilizing health care is not always a priority. As such the health of children within these families can clearly suffer and a most notable indication of this would be the late presentation of some children to the emergency department.

The living conditions of some families can also highlight the inequalities experienced by those in the lower socioeconomic groups. The level of overcrowding, cold, damp and mouldy homes I experienced were phenomenal.

To walk into the home of a young 2 year old boy and be so cold that it was warmer to be standing outside was startling. Visiting families with 2 adults and 4 children living in a 1 bedroom flat where three children shared a bed with Mum and the eldest had a bed in the living/dining room/kitchen and dad slept on the couch. The home was freezing and it was of no surprise that the three youngest children aged 4 years, 3 years and 18 months had runny noses and cough. This emphasizes the importance of Housing New Zealand and the community based organisation Healthy Housing who are referred to visit homes and assess the level of cold, damp, mould and overcrowding and create an action plan to deal with these. After experiencing the living conditions of our population, it is very evident why there is the increased proportion of respiratory illness seen in the emergency department and on the wards during the winter months.

The role of education around health, illness and prevention was very apparent during these community visits. For example, the 3 year old girl with cerebral palsy, previously mentioned, was investigated and found to be capable of eating a minced and moist diet only. The mother was used to only buying takeaways and as such required information and education about food preparation, so as to avoid her daughter choking or aspirating her food. It was clearly evident that, with the input from the social worker, speech language therapist and physiotherapist, this mother had made huge advancements in the quality of care she was able to provide her daughter and as such her daughter was making significant improvements in growth and weight. It took only some advice on the types of foods as well as the provision of recipes to make a significant improvement in this young girl's life but had this not been identified and addressed the result could have been detrimental. A further example of the need for education was a young girl with seizures who was readmitted to hospital with further seizures, which may have been due to the continual changes, additions and deletions in the girl's medications. As a result her mother was probably unsure of what her daughter actually required and as such had stopped giving the medication. This highlights the importance of effective communication and education regarding treatment and management of complicated conditions.

We continually hear about the inequalities in health and the deprivation present in New Zealand however, the deprivation in our society is insidious. From a street level view, it is evident that some houses are more run down than others, but until you explore the situation inside it is clear that we are only looking at the tip of the iceberg. Until you experience and understand such situations, it is impossible to be truly empathetic and provide a level of care appropriate for such people. It is very easy to ask a patient to get an X ray, or repeat blood test in one week's time, but by doing so you are making the assumption that: 1) the patient knows or understands what they have to do and why they require such a test, 2) they can read the form for the directions to the lab, 3) they have transport available to get there, 4) they can afford to pay any cost involved no matter how small, and 5) they have the ability to take time off work or to find someone to look after their children. This only scrapes the surface of the factors involved but quite clearly all of these could significantly affect the likelihood that this patient will follow through on such requests. In conclusion, it is obvious from all of my above experiences that we as health care providers must consider the social, cultural, economic and educational factors relevant to each individual patient in order to provide the most appropriate care and maximise the health of our patients.